

L15000000626



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DEPARTMENT OF STATE  
WASHINGTON, DC 20520-6001  
UNITED STATES OF AMERICA

**S Warren**

JUL 19 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NET USA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL F GODREAU

\_\_\_\_\_  
Name of Person

NET USA, LLC

\_\_\_\_\_  
Firm/Company

120 LAKEVIEW DR. APT. 116

\_\_\_\_\_  
Address

WESTON, FL 33326

\_\_\_\_\_  
City/State and Zip Code

MFGODREAU@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL F GODREAU

954 706-8555  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NET USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/03/2016 and assigned  
Florida document number L15000000626.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

---N/A---

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1370 SORRENTO DR.

WESTON, FL. 33326

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1370 SORRENTO DR.

WESTON, FL. 33326

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

---N/A---

New Registered Office Address:

---N/A---

*Enter Florida street address*

---N/A---

Florida ---N/A---

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

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OF FLORIDA  
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIGUEL F. GODREAU	1370 SORRENTO DR.	<input type="checkbox"/> Add
		WESTON, FL. 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LINA M. AGUIRRE	1370 SORRENTO DR.	<input type="checkbox"/> Add
		WESTON, FL. 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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FLORIDA  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

WITH THIS FORM I AM JUST CHANGING;

1. PRINCIPAL ADDRESS

2. MAILING ADDRESS

3. REGISTERED AGENT ADDRESS

4. AUTHORIZED PERSONS

TO:

1370 SORRENTO DR.

WESTON, FL. 33326

NO OTHER CHANGES NEED TO BE DONE.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_ JULY 11 2016 \_\_\_\_\_



Signature of a member or authorized representative of a member

MIGUEL F. GODREAU

Typed or printed name of signee

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FLORIDA